

**Digestive Diseases Diagnostic & Treatment Center**



214 Ave P  
Brooklyn, N.Y. 11204  
P. 718.339.5678  
F. 718.376.0405

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**Patient Letter**

**Physician: Paul Cohen, MD**

Patient:  
MRN: 7053  
DOB: 6/24/1957  
Gender: Male

**Dear Joseph Gagliardo**

This **Colonoscopy** was performed on **Monday, April 09, 2018**. My impressions and recommendations are as follows:

**Impressions :**

- One 3 mm polyp in the cecum, removed with a hot biopsy forceps. Resected and retrieved.
- One 5 mm polyp in the mid ascending colon, removed with a hot snare. Resected and retrieved.
- One 8 mm polyp in the mid ascending colon, removed with a hot snare. Resected and retrieved.
- One 3 mm polyp in the mid ascending colon, removed with a hot biopsy forceps. Resected and retrieved.
- One 3 mm polyp in the mid ascending colon, removed with a hot biopsy forceps. Resected and retrieved.
- One 3 mm polyp in the proximal descending colon, removed with a hot biopsy forceps. Resected and retrieved.
- One 5 mm polyp in the sigmoid colon, removed with a hot snare. Resected and retrieved.
- Diverticulosis in the entire examined colon.
- Non-bleeding internal hemorrhoids.
- The examination was otherwise normal on direct and retroflexion views.

**Recommendations :**

- Patient has a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with the patient. Return to normal activities tomorrow. Written discharge instructions were provided to the patient.
- Discharge patient to home (ambulatory).
- Await pathology results.
- POST COLONOSCOPY FORM PROVIDED.
- AVOID SEEDS, NUTS, POPCORN ETC.(OR CHEW VERY WELL) TO HELP PREVENT DEVELOPING DIVERTICULITIS.
- Repeat colonoscopy in 1 year for surveillance.
- Return to my office in 2 weeks.

The images taken during this procedure are included. If I can be of further assistance, please feel free to contact me at (718) 221-0131.


**Digestive Disease Diagnosis & Tre...**  
**MEDICATION RECONCILIATION**
**Procedure(s):** Colonoscopy, Upper GI endoscopy

**Patient Name:** Gagliardo, Joseph

**Patient ID:** 7053

**Exam Date:** 4/9/2018

**Account#:** 7053

**Exam Date:** 4/9/2018

**Patient ID:** 7053

**Doctor:** Cohen, Paul

**Patient Name:** Joseph Gagliardo

**DOB:** 06/24/1957

**Gender:** Male

**Discharge Medications**
**Discharge Medications From Pre-Procedure / Active Medications**
**Hydrocodone unknown PO prn Last Taken 2 Days ago**
**Discharge Comment**

Continue as prescribed

**Omeprazole 40 MG Oral Tablet daily Last Taken >1 Month ago**

Continue as prescribed

**Valium Oral Tablet 5 MG 5 MG Oral as needed Last Taken Last Month**

Consult Prescriber

**Vytorin Oral Tablet 10-10 MG 10-10 MG Oral daily Last Taken Yesterday**

Continue as prescribed

**New Discharge Medications**
**Avoid Coumadin, Plavix, Motrin, Advil, Aspirin (or any aspirin containing products) for 5-7 days**
**Provider Signatures**

MEDICATION



Orders - January 28, 2020

PMS ID:  
32219567

Sex:  
Male

DOB:  
06/24/1957

32219567

**PATIENT INFORMATION**

LAST NAME <b>GAGLIARDO</b>	FIRST NAME <b>JOSEPH</b>	M.I.	SSN	DATE OF BIRTH <b>06/24/1957</b>	SEX <b>Male</b>	MPN <b>32219567</b>
STREET ADDRESS <b>120 BEVY CT</b>			STREET ADDRESS CONTD.			
CITY <b>BROOKLYN</b>	STATE <b>NY</b>	ZIP CODE <b>11229</b>	HOME PHONE <b>9176703336</b>		CELL PHONE	

**PRIMARY BILLING / INSURANCE INFORMATION**

SUBSCRIBER NAME <b>JOSEPH GAGLIARDO</b>	RELATIONSHIP <b>Self</b>	SUB. DOB <b>06/24/1957</b>	COMPANY NAME <b>MEDICARE</b>	GRP/CONTRACT #	MEMBER ID # <b>9JQ9Q68AD23</b>
STREET ADDRESS <b>Medicare</b>			STREET ADDRESS CONTD.		
CITY	STATE	ZIP CODE	EMPLOYER NAME	MEDICARE #	MEDICAID #

**DIAGNOSES**

Diagnosis	ICD Code	Description
1	M54.16	Radiculopathy, lumbar region

**PT Rx - Lumbar Spine**

Indication: Lumbar Radiculopathy - lumbar spine - M54.16  
Protocol: evaluate and treat per diagnosis/objective exam  
Recommend frequency of 2-3 times per week for 8 weeks  
- Therapeutic Exercises: All exercises prn per therapist.  
- Manual Therapy: All manual therapy prn per therapist.  
- Modalities: All modalities prn per therapist.

Provider: Ahmed Saleh  
Priority: normal

Time frame: 6 week(s)

Electronically Signed By: Ahmed Saleh, 01/28/2020 08:36 AM EST



Exam requested by:  
ARMIN TEHRANY MD  
91 NEW DORP LANE  
STATEN ISLAND NY 10306

**SITE PERFORMED: MIDWOOD**  
**SITE PHONE: (718) 376-6300**

**Patient:** GAGLIARDO, JOSEPH  
**Date of Birth:** 06-24-1957  
**Phone:** (917) 670-3336  
**MRN:** 9661180R **Acc:** 1014179706  
**Date of Exam:** 12-24-2019

**EXAM: X-RAY LEFT SHOULDER MINIMUM 2 VIEWS**

**HISTORY:** Left shoulder pain.

**TECHNIQUE:** 4 radiographic views of the left shoulder were obtained.

**COMPARISON:** No priors.

**FINDINGS:**

Osseous structures: There is no fracture or dislocation. Bone mineralization appears normal.

Joints: Mild arthritis of the glenohumeral joint s noted.. The acromioclavicular joint space is preserved. There are no osteophytes or erosive changes.

Soft tissues: No soft tissue calcification or radiopaque foreign body.

The visualized left hemithorax is clear.

**IMPRESSION:** Mild osteoarthritis.

Thank you for the opportunity to participate in the care of this patient.

Jay Y Lee MD - *Electronically Signed: 12-26-2019 7:20 AM*  
**Physician to Physician Direct Line is:** (646) 902-3704

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**Confidential**

**Tel: 212-772-3111 - Fax: 212-734-5832 - [www.lenoxhillradiology.com](http://www.lenoxhillradiology.com)**



# United Sleep Diagnostics, Inc

50 Rose Place Garden City Park, NY 11040

Telephone: 866-711-1299 / Fax: 888-539-3001

## General Information

<b>Name:</b>	Gagliardo, Joseph	<b>Neck:</b>	21 in	<b>Location:</b>	Bay Ridge
<b>MR #:</b>	GUA-34696-P	<b>BMI:</b>	42	<b>Ref. Phys:</b>	Richard Yan, M.D.
<b>Sex:</b>	male	<b>Height:</b>	75 in	<b>Date of Study:</b>	3/22/2018
<b>Age:</b>	60, 06/24/57	<b>Weight:</b>	337 lb	<b>Technologist:</b>	Akhmar Magrufor, RPSGT
		<b>ESS:</b>	16	<b>Scorer:</b>	Kim Blackburn, RPSGT

## PROCEDURE: SPLIT NIGHT

**CHIEF COMPLAINT:** The patient is a 60-year-old male who presents with symptoms of excessive daytime sleepiness, snoring, tiredness, headaches, difficulty initiating and maintaining sleep, waking with fast heart rate, acid taste in mouth, leg movements, tingling, jerking, kicks, breathing problems, choking, gasping, coughing, shortness of breath, unusual behavior during sleep, irregular sleep/wake patterns, difficulty staying awake, sudden weakness, sleep walking, sleep talking, and sleep eating. The patient is 75 inches tall and weighs 337 pounds, giving a Body Mass Index (BMI) of 42. The medical history is significant for back pain and high cholesterol. Medications include Vytorin and Hydrocodone. A Split Night study was ordered to rule out the diagnosis of obstructive sleep apnea and determine an optimal treatment pressure.

**IMPRESSION:** Nocturnal Polysomnogram (NPSG) was performed using a Split Night Protocol. The total recording time (TRT) for the baseline portion of recording was 135 minutes. Sleep onset occurred within 12 minutes of initiating the recording. During baseline, the patient experienced 166 arousals, 166 of which were respiratory-related, resulting in a Sleep Efficiency of 80%. This value is below the normal range and indicates an increased percentage of wakefulness during the recording period. The sleep architecture is disturbed due to an increased amount of wakefulness, an increased amount of Stage N1, an absence of Slow Wave Sleep (Delta), and an absence of REM sleep. The patient had 63% of Stage N1, 37% of Stage N2, 0% of Stage N3, 0% of Stage REM sleep.

Total recording for the CPAP segment was 260 minutes. After initiation of treatment, sleep onset occurred within 117 minutes of initiating the recording. During treatment, the patient experienced 16 arousals, 10 of which were respiratory-related, resulting in a Sleep Efficiency of 53%. This value is below the normal range and indicates an increased percentage of wakefulness during the recording period. The sleep architecture is disturbed due to an increased amount of wakefulness, an absence of Slow Wave Sleep (Delta), and a decreased amount of REM. The patient had 9% of Stage N1, 83% of Stage N2, 0% of Stage N3, 8% of Stage REM sleep.

During Baseline, there were 0 obstructive apneas, 0 mixed apneas, 0 central apneas, and 136 hypopneas, resulting in an **apnea/hypopnea index (AHI) of 75.6** events per hour of sleep, which is severe (>30 per hour). The obstructive index is **75.6**. The central index is **0.0**. The positional AHI is as follows: Supine (75.58), Prone (0.00), Side (75.43). The REM AHI was 0. The NREM AHI was 76. The longest event was a 40 second Hypopnea with a minimum SaO2 of 91%. Most, if not all, respiratory events terminated in an arousal. The baseline SaO2 was 98%. The mean saturation across the entire recording period was 95%. The lowest desaturation was 88%. The patient spent of 1% total sleep time with a SaO2 below 90%. The patient spent of 0% total sleep time with a SaO2 below 88%. Snoring was noted during the recording. Respiratory effort related arousals (RERA's) is evident, resulting in a RERA index of 17.2 events per hour of sleep, 31 were scored in NREM sleep. The Respiratory Disturbance Index (RDI) was 92.8.

During the Treatment segment, there were 0 obstructive apneas, 0 mixed apneas, 0 central apneas, and 11 hypopneas, resulting in an **apnea/hypopnea index (AHI) of 4.8** events per hour of sleep, which is normal (0-5 per hour). The obstructive index is **4.8**. The central index is **0.0**. The REM AHI was 5.7. The NREM AHI was 4.7. The longest event was a 66 second Hypopnea with a minimum SaO2 of 92%. Most, if not all, respiratory events terminated in an arousal. The baseline SaO2 was 96%. The mean saturation across the entire recording period was 94%. The lowest desaturation was

Digitally Signed By:

Gerard Lombardo, M.D. on 2018/03/26 21:09:45.

89%. The patient spent of 0% total sleep time with a SaO2 below 90%. The patient spent of 0% total sleep time with a SaO2 below 88%. Respiratory effort related arousals (RERA's) is evident, resulting in a RERA index of 2.2 events per hour of sleep, 4 were scored in NREM sleep and 1 was scored in REM sleep. The Respiratory Disturbance Index (RDI) was 7.0.

There were 0 periodic limb movements during sleep (PLMS).

The EKG revealed no cardiac arrhythmias.

Per physician order and because of the severe obstructive sleep apnea, continuous positive airway pressure was started at 6 cm H2O and increased up to a pressure of 14 cm H2O. CPAP of 14 cm H2O appeared to be the most optimal pressure during this study. This pressure appeared to relieve most obstructive sleep apnea allowing for the SaO2 to remain above 90% in NREM sleep. Lower levels of positive airway pressure were associated with continued obstructive sleep apnea. A chin strap was added at 4:09 am.

#### IMPRESSION:

Severe obstructive sleep apnea with an optimal response to CPAP.

#### RECOMMENDATIONS:

- 1) Begin on continuous positive airway pressure at 14 cm H2O via a ResMed AirFit P10 nasal pillows mask, size medium with a chin strap.
- 2) Review of good sleep hygiene measures. Weight control advised.
- 3) Review safety issues relative to daytime sleepiness and substances to avoid prior to sleep.
- 4) Compliance data review and follow up in 2-4 weeks.
- 5) Avoid activities requiring sustained vigilance if sleepy.
- 6) The patient should be advised to discuss this diagnosis with all health care providers including those planning to perform procedures involving anesthesia or any form of sedation.

I certify that I have reviewed the entire raw data recording as part of the preparation for the generation of this report in accordance with the Standards of Accreditation of the American Academy of Sleep Medicine (AASM).

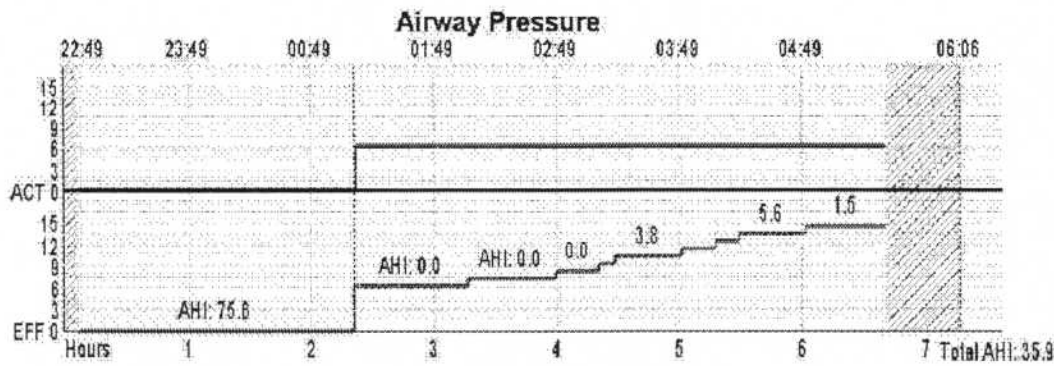
Thank you.  
Sincerely,

Gerard T Lombardo MD, FCCP  
Certified sleep medicine, ABIM

*Study scored using AASM rule 1B.*

Digitally Signed By:  
Gerard Lombardo, M.D. on 2018/03/26 21:09:45.





Pressure	IPAP/EPAP	00	06	07	08	09	10	11	12	13	14
	O2 Vol	0	0	0	0	0	0	0	0	0	0
Time	TRT	135.0m	55.5m	43.0m	21.0m	8.0m	32.5m	16.5m	11.5m	32.5m	39.5m
	TST	108.0m	0.0m	0.0m	2.0m	8.0m	32.0m	14.5m	10.5m	32.0m	39.0m
Sleep Stage	% Wake	20.0	100.0	100.0	90.5	0.0	1.5	12.1	8.7	1.5	1.3
	% REM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	32.8	0.0
	% N1	63.4	0.0	0.0	100.0	12.5	1.6	31.0	9.5	6.3	5.1
	% N2	36.6	0.0	0.0	0.0	87.5	98.4	69.0	90.5	60.9	94.9
	% N3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	% MT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Respiratory	Total Events	136	0	0	0	1	2	3	1	3	1
	Obs. Apn.	0	0	0	0	0	0	0	0	0	0
	Mixed Apn.	0	0	0	0	0	0	0	0	0	0
	Cen. Apn.	0	0	0	0	0	0	0	0	0	0
	Hypopneas	136	0	0	0	1	2	3	1	3	1
	AHI	75.56	0.00	0.00	0.00	7.50	3.75	12.41	5.71	5.63	1.54
	Supine AHI	75.58	0.00	0.00	0.00	0.00	0.00	24.00	5.71	5.63	2.61
	Prone AHI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Desat Profile	Side AHI	75.43	0.00	0.00	0.00	7.50	3.75	6.32	0.00	0.00	0.00
	<= 90%	3.9m	0.0m	0.0m	0.0m	0.0m	0.0m	0.1m	0.0m	0.3m	0.0m
	<= 80%	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m
	<= 70%	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m
Arousal Index	<= 60%	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m	0.0m
	Apnea	0	0	0	0	0	0	0	0	0	0
	Hypopnea	75	0	0	0	0	2	8	6	0	2
	LM	0	0	0	0	0	0	0	0	0	0
Spontaneous	Spontaneous	0	0	0	0	0	0	0	0	2	8

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 Gerard Lombardo, M.D. on 2018/03/26 21:09:45.

## United Sleep Diagnostics, Inc

50 Rose Place Garden City Park, NY 11040

Telephone: 866-711-1299 / Fax: 888-539-3001

### General Information

Name: Gagliardo, Joseph  
 MR #: GUA-34696-P  
 Sex: male  
 Age: 60, 06/24/57

Neck: 21in  
 BMI: 42  
 Height: 75 in  
 Weight: 337 lb  
 ESS: 16

Location: Bay Ridge  
 Ref. Phys: Richard Yan, M.D.  
 Date of Study: 3/22/2018  
 Technologist: Akhmar Magrufor, RPSGT  
 Scorer: Kim Blackburn, RPSGT

### Medications

Vytorin, Hydrocodone

### Medical History

back pain, high cholesterol

### Clinical Indication

snoring, EDS/fatigue, witnessed apnea, choking/gasping during sleep, coughing, problems falling/staying asleep, leg movements

### Technologist Comments

### SPLIT NIGHT STUDY

#### Baseline Phase

Start of Study: 10:55:17 PM

End of Baseline: 01:10:24 AM

Patient Data:	TIME(min)	%
Total Recording Time (TRT/TIB):	135.0 min/451.6 min	
Total Sleep Time (TST)	108.0 min/407.3 min	
Sleep Efficiency:	80.0%/90.0%	
Awake Time:	27.0 min	
Stage N1:	68.5 min	63.4%/9.7%
Stage N2:	39.5 min	36.6%/56.8%
Stage N3:	0.0 min	0.0%/2.7%
Stage REM:	0.0 min	0.0%/23.1%
Stage N1 Latency:	12.5 min	
Stage N2 Latency:	17.0 min	
Sleep Onset:	12.5 min/8.3 min	
REM Latency:	0.0 min/83.9 min	
REM PERIODS:	0/5	
Supine Sleep:	90.5 min	83.8%

EKG DATA	Avg	Max	Min
Awake:	69	88	57
Asleep:	62	74	53

EKG Events Noted: no cardiac arrhythmias

PLMS & AROUSAL DATA	Total Events	Total w/arousals	Index w/arousals
Total LMs during PLMS	0	0	0
Isolated Leg Movements	0	0	0
Spontaneous		0	0
Total	0	0	0

SaO2 DATA	
Baseline SaO2:	98%
Average SaO2:	95%
Total	



Left Side Sleep:	17.5 min	16.2%
Right Side Sleep:	0.0 min	0.0%
Prone Sleep:	0.0 min	0.0%

Desat's<90%:	11
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The longest event was a 40 seconds obstructive Hypopnea with a minimum SaO2 of 91%.

The lowest SaO2 was 88% associated with a 31 seconds obstructive Hypopnea.



Gagliardo, Joseph

(S) = Supine, (L) = Left Side, (R) = Right Side, (P) = Prone

<u>RESPIRATORY DATA</u>	<u>TOTAL &amp; INDEX</u>	<u>REM</u>	<u>NREM</u>	<u>S</u>	<u>L</u>	<u>R</u>	<u>P</u>
Obstr. Apnea	0 0.0	0	0	0	0	0	0
Central Apnea	0 0.0	0	0	0	0	0	0
Mixed Apnea	0 0.0	0	0	0	0	0	0
Hypopnea	136 75.6	0	136	114	22	0	0
Total Events	136	0	136	114	22	0	0
AHI	75.6	0.0					

<u>RERA's (Respiratory Effort Related Arousals)</u>	<u>TOTAL</u>	<u>REM</u>	<u>NREM</u>
RERA Count	31	0	31
RERA Index	17.2		



Gagliardo, Joseph

**CPAP Titration Phase**

CPAP start time: 01:10:24 AM	CPAP end time: 05:30:33 AM
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Patient Data:	TIME(min)	%
Total Recording Time (TRT/TIB):	260.0 min/451.6 min	
Total Sleep Time (TST)	138.0 min/407.3 min	
Sleep Efficiency:	53.0%	
Awake Time:	122.0 min	
Stage N1:	13.0 min	9%/10%
Stage N2:	114.5 min	83%/57%
Stage N3 :	0.0 min	0%/3%
Stage REM:	10.5 min	8%/23%
Stage N1 Latency:	117.5 min	
Stage N2 Latency:	120.5 min	
Sleep Onset:	117.5 min/8.3 min	
REM Latency:	85.0 min/83.9 min	
REM PERIODS:	1/5	
Supine Sleep:	70.5 min	51.1%
Left Side Sleep:	67.5 min	48.9%
Right Side Sleep:	0.0 min	0.0%
Prone Sleep:	0.0 min	0.0%

EKG DATA	Avg	Max	Min
Awake:	64	85	56
Asleep:	60	82	50

EKG Events Noted: no cardiac arrhythmias

PLMS & AROUSAL DATA	Total Events	Total w/arousals	Index w/arousals
Total LMIs during PLMS	0	0	0
Isolated Leg Movements	0	0	0
Spontaneous		6	3
Total	0	6	3

SaO2 DATA	
Baseline SaO2:	96%
Average SaO2:	94%
Total Desat's <90%:	1

The longest event was a 66 seconds obstructive Hypopnea with a minimum SaO2 of 92%.

The lowest SaO2 was 89% associated with a 46 seconds obstructive Hypopnea.



Gagliardo, Joseph

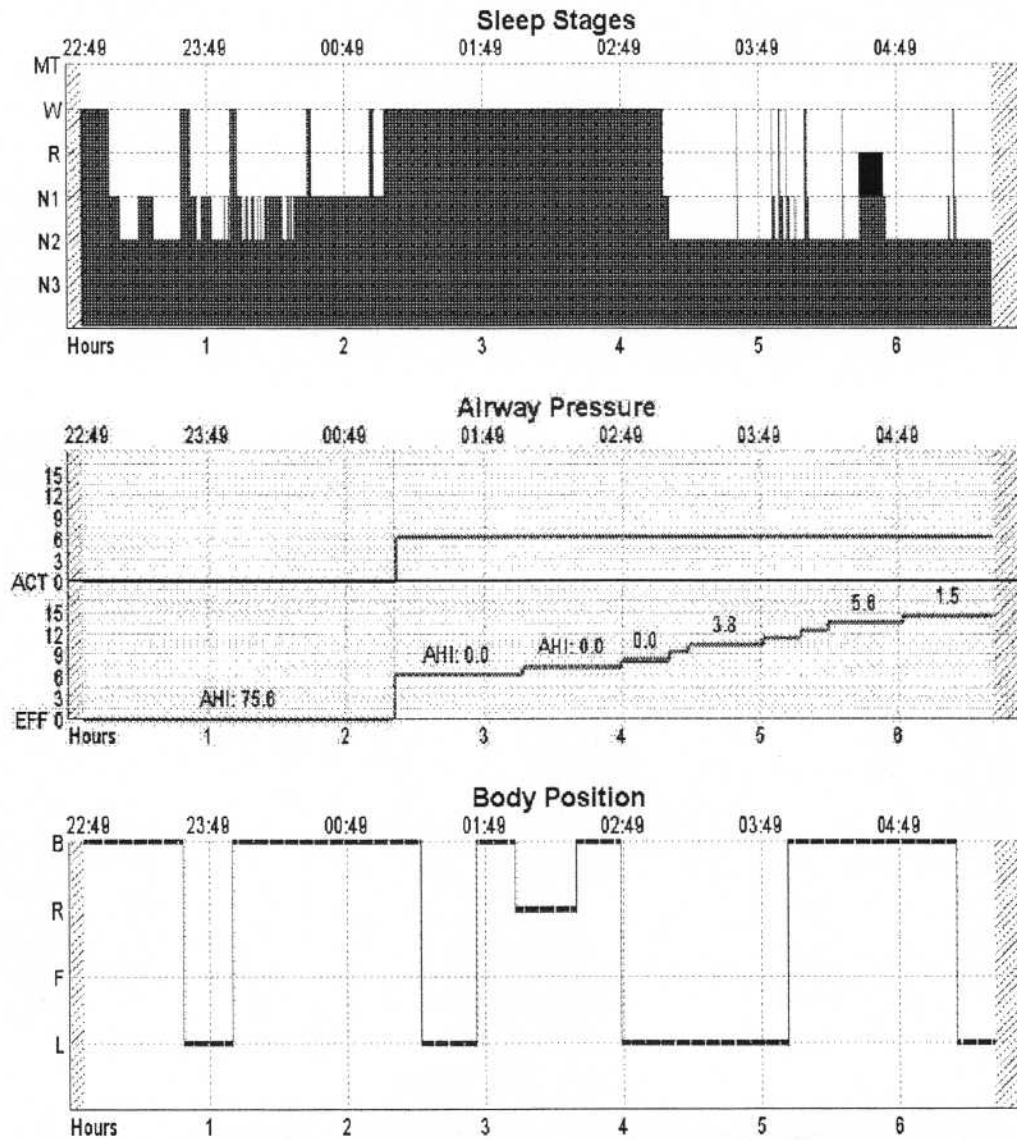
(S) = Supine, (L) = Left Side, (R) = Right Side, (P) = Prone

<u>RESPIRATORY DATA</u>	TOTAL & INDEX	REM	NREM	S	L	R	P
Obstr. Apnea	0 0.0	0	0	0	0	0	0
Central Apnea	0 0.0	0	0	0	0	0	0
Mixed Apnea	0 0.0	0	0	0	0	0	0
Hypopnea	11 4.8	1	10	7	4	0	0
Total Events	11	1	10	7	4	0	0
AHI	4.8	5.7					

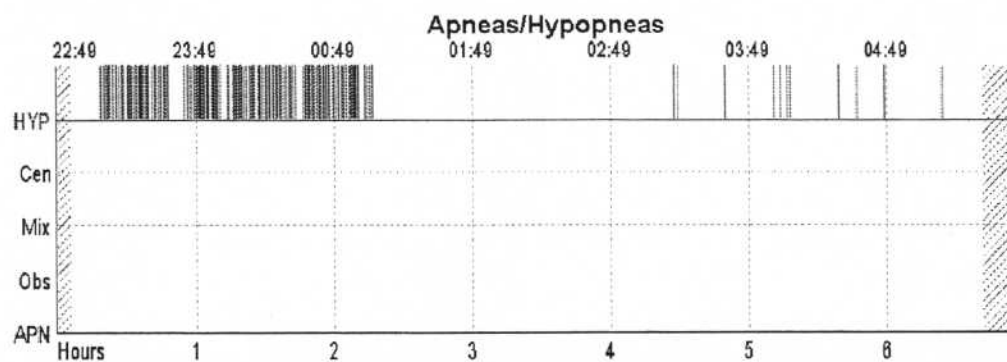
<u>RERA's (Respiratory Effort Related Arousals)</u>	TOTAL	REM	NREM
RERA Count	5	1	4
RERA Index	2.2		



Gagliardo, Joseph









Gagliardo, Joseph

